

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Sherman Arulappan LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

DBA E-Commerce Trade
DBA Trios Distribution

3. Debtor's federal Employer Identification Number (EIN) 84-1768297

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

1307 WESTLAWN BLVD, UNIT 313
Murfreesboro, TN 37129

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Rutherford

County

Location of principal assets, if different from principal place of business

651 HEAL QUAKER
SUITE G Lewisburg, TN 37091

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Sherman Arulappan LLC**
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*☒ Chapter 7☐ Chapter 9☐ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____

When _____

Case number _____

District _____

When _____

Case number _____

Debtor **Sherman Arulappan LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District Case number, if known

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Case 3:23-bk-02337 Doc 1 Filed 06/30/23 Entered 06/30/23 09:44:23 Desc Main

Debtor	Sherman Arulappan LLC	Case number (if known) _____
	Name	
	<input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Debtor **Sherman Arulappan LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 30, 2023**
MM / DD / YYYY

X /s/ MARTINA SHERMAN
Signature of authorized representative of debtor

Title **CEO**

MARTINA SHERMAN
Printed name

18. Signature of attorney

X /s/ Steven L. Lefkovitz
Signature of attorney for debtor

Date **June 30, 2023**
MM / DD / YYYY

Steven L. Lefkovitz 5953
Printed name

LEFKOVITZ & LEFKOVITZ
Firm name

**908 HARPETH VALLEY PLACE
NASHVILLE, TN 37221**
Number, Street, City, State & ZIP Code

Contact phone **615-256-8300**

Email address **slefkovitz@lefkovitz.com**

5953 TN

Bar number and State

Fill in this information to identify the case:Debtor name **Sherman Arulappan LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 30, 2023****X /s/ MARTINA SHERMAN**

Signature of individual signing on behalf of debtor

MARTINA SHERMAN

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Sherman Arulappan LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **485,389.05****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **485,389.05****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **9,291.22****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **7,438,955.02****4. Total liabilities**
Lines 2 + 3a + 3b\$ **7,448,246.24**

Fill in this information to identify the case:Debtor name **Sherman Arulappan LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **BANK OF AMERICA****CHECKING****9912****\$0.79**3.2. **BANK OF AMERICA****CHECKING****6067****\$636.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$636.79**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor Sherman Arulappan LLC
Name

Case number (If known) _____

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Laptops (8) \$2,400.00, Racking (7) \$18,809.00, Forklift (1) \$4,500.00, Docking Stations (10) \$1,200.00, Assorted office supplies (10) \$900.00, Large Office Desks (3) \$2,400.00, Small office desks (2) \$200.00, Printers (5) \$500.00, Wrapper (\$4,000), Scale (\$1000)	\$0.00		\$35,909.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$35,909.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

Debtor Sherman Arulappan LLC
Name

Case number (If known) _____

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets TRADEMARK FOR THE NAME KAURI	\$0.00		\$0.00
61.	Internet domain names and websites ECOMMERCETRADE.COM BOLDHOME.COM	\$0.00		\$0.00
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Sherman Arulappan LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$636.79	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$40,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$408,843.26	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$35,909.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$485,389.05	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$485,389.05

Fill in this information to identify the case:Debtor name **Sherman Arulappan LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name **Sherman Arulappan LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address TENNESSEE DEPARTMENT OF REVENUE 500 DEADERICK STREET ANDREW JACKSON STATE OFFICE BUILDING Nashville, TN 37242 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,291.22 \$9,291.22

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address AHS Lighting PO Box 254 Lapaz, IN 46537 Date(s) debt was incurred 1/7/2021 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$693.77
3.2	Nonpriority creditor's name and mailing address Alchemade 6555 SW 110th Ct Beaverton, OR 97008 Date(s) debt was incurred 1/7/2021 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,854.54

Debtor Sherman Arulappan LLC Name _____	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 6031 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
<hr/>			
3.4	Nonpriority creditor's name and mailing address ANP LIGHTING, INC. 9044 Del Mar Ave. Montclair, CA 91763 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.48
<hr/>			
3.5	Nonpriority creditor's name and mailing address AT & T PO BOX 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,036.70
<hr/>			
3.6	Nonpriority creditor's name and mailing address Be On 6413 Congress Ave Boca Raton, FL 33487 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
<hr/>			
3.7	Nonpriority creditor's name and mailing address BEST QUALITY LIGHTING HD ONLY 4750 CALLE CARGA CAMARILLO, CA 93012 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,388.70
<hr/>			
3.8	Nonpriority creditor's name and mailing address CAL LIGHTING 3625 E PHILADELPHIA ST ONTARIO, CA 91761 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,134.70
<hr/>			
3.9	Nonpriority creditor's name and mailing address CANTRIO KONCEPTS 215 Drumlin Circle Concord, ON L4K 3E4 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,357.35

Debtor	Sherman Arulappan LLC Name	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address CAPITAL ONE PO BOX 71087 Charlotte, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.11	Nonpriority creditor's name and mailing address CAPITAL ONE PO BOX 71087 Charlotte, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.12	Nonpriority creditor's name and mailing address CAPITAL ONE PO BOX 71087 Charlotte, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.13	Nonpriority creditor's name and mailing address CAPITAL ONE PO BOX 71087 Charlotte, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,304.00
3.14	Nonpriority creditor's name and mailing address COMMERCE HUB 25736 Network Place Chicago, IL 60673-1257 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.00
3.15	Nonpriority creditor's name and mailing address COYOTE LOGISTICS Coyote Logistics LLC PO Box 742636 Atlanta, GA 30374 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,149.02
3.16	Nonpriority creditor's name and mailing address CREDIT ONE BANK PO BOX 98873 Las Vegas, NV 89193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00

Debtor	Sherman Arulappan LLC Name	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address CREDIT ONE BANK PO BOX 98873 Las Vegas, NV 89193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.18	Nonpriority creditor's name and mailing address CREDIT ONE BANK PO BOX 98873 Las Vegas, NV 89193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.19	Nonpriority creditor's name and mailing address Deerport Decor 661 brea canyon Road Unit 3 walnut, CA 91789 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,196.42
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3.20	Nonpriority creditor's name and mailing address DISCOVER CARD PO BOX 6103 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.21	Nonpriority creditor's name and mailing address DISCOVER CARD PO BOX 6103 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
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3.22	Nonpriority creditor's name and mailing address DMS Properties LLC 1040 Natchez Valley Lane Franklin, TN 37064 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,608.62
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3.23	Nonpriority creditor's name and mailing address Duane Morris LLP PO Box 787166 Philadelphia, PA 19178 Date(s) debt was incurred <u>5/23/2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,447.40
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Debtor	Sherman Arulappan LLC Name	Case number (if known) _____
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3.24	Nonpriority creditor's name and mailing address DVI LIGHTING 120 Great Gulf Drive Concord, ON L4K5W1 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.06
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3.25	Nonpriority creditor's name and mailing address E-commerce Trade LLC 5129 watermead In belmont, NC 28012 Date(s) debt was incurred <u>4/23/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000,000.00
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3.26	Nonpriority creditor's name and mailing address Embr Labs, Inc 24 Roland St 102 Boston, MA 02129 Date(s) debt was incurred <u>5/16/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$740.00
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3.27	Nonpriority creditor's name and mailing address FED EX GROUND/EXPRESS P.O. Box 1140 Memphis, TN 38101-1140 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209,519.04
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3.28	Nonpriority creditor's name and mailing address Fernando Fernandez Designs 3813 Wild Rose Ln Stockton, CA 95206 Date(s) debt was incurred <u>3/27/2023</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.29	Nonpriority creditor's name and mailing address FFSW Global 795 Commerce Dr. Suite 4 Venice, FL 34292 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,587.43
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3.30	Nonpriority creditor's name and mailing address Focus Industries, Inc. FOCUS INDUSTRIES, INC. FILE 50658 LOS ANGELES, CA 90074-0658 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,810.88
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Debtor Sherman Arulappan LLC Name _____	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address FORTE LIGHTING E COMMERCE ONLY 14780 Bar Harbor Rd. Bldg A Fontana, CA 92336 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,008.25
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3.32	Nonpriority creditor's name and mailing address FOUNTAIN HEAD SBF, LLC 3216 WEST LAKE MARY BLVD Lake Mary, FL 32746 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,894,707.97
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3.33	Nonpriority creditor's name and mailing address GALAXY LIGHTING ECOM ONLY EXCEL LIGHTING & MFG. LTD 13611 MAYCREST WAY RICHMOND, BC V6V 2J4 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,789.84
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3.34	Nonpriority creditor's name and mailing address Golfs Past 305 West Lowe Ave, Suite 100 Fairfield, IA 52556 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,348.60
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3.35	Nonpriority creditor's name and mailing address GRILLING FOIL 7473 west Lakemead Blvd Las Vegas, NV 89128 Date(s) debt was incurred <u>1/11/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,364.32
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3.36	Nonpriority creditor's name and mailing address Headway Capital 175 W. Jackson Blvd 1000 CHICAGO, IL 60604 Date(s) debt was incurred <u>6/17/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
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3.37	Nonpriority creditor's name and mailing address Helping Hand 2104 Baxter CT Florence, SC 29505 Date(s) debt was incurred <u>11/2/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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Debtor Name	Case number (if known)
Sherman Arulappan LLC	
3.38 Nonpriority creditor's name and mailing address Humana Insurance Company PO Box 9024 Milwaukee, WI 53201-3024 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,073.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address IMAX CORPORATION PO BOX472188 Tulsa, OK 74147 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address inShield Wiper, LLC PO Box 235523 Encinitas, CA 92023 Date(s) debt was incurred <u>7/29/2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$360.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41 Nonpriority creditor's name and mailing address iVault PO box 1073 Stockbridge, GA 30281 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,068.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42 Nonpriority creditor's name and mailing address Jelly Jar Genius, LLC 78365 Hwy 111 Suite 297 La Quinta, CA 92253 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,243.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43 Nonpriority creditor's name and mailing address JUSTICE DESIGN GROUP Justice Design 500 S. Grand Avenue Los Angeles, CA 90072 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$297.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address KENDALL LIGHTING 110 6780 Dennett Place DELTA, BC V4G1N4 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$392.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Sherman Arulappan LLC Name	Case number (if known) _____
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3.45	Nonpriority creditor's name and mailing address Lean Joe Bean 11640 Mayfield Ave No.610 Los Angeles, CA 90049 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,007.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Leon Boots CO UNIT 2, DAMASTOWN IND. EST., DAMASTOWN W DAMASTOWN DUBLIN D15 PNN4 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,174.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Libertas Funding 411 Putnam ave Suite 220 Greenwich, CT 06830 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$201,018.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Libertas Funding 411 Putnam ave Suite 220 Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address LIBERTAS FUNDING LLC 411 W PUTNAM AVE SUITE 220 Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Lightscape Decorative Lighting LLC 27 Green Acres Rd. Washington, IN 47501 Date(s) debt was incurred <u>7/5/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,850.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Magic Brush Unit 2 Damastown Walk DUBLIN D15 PNN4 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$154.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Sherman Arulappan LLC <small>Name</small>	Case number (if known) _____
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3.52	Nonpriority creditor's name and mailing address Maximm Cable 135 ROUTE 59 Spring Valley, NY 10977 Date(s) debt was incurred <u>6/1/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$704.00
3.53	Nonpriority creditor's name and mailing address Nanotech Surface Solutions 8101 Cameron Rd. Ste. 309 Austin, TX 78752 Date(s) debt was incurred <u>10/14/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,020.50
3.54	Nonpriority creditor's name and mailing address NATO Sporty LLC 3945 Greenbriar Dr. #A7 Stafford, TX 77477 Date(s) debt was incurred <u>1/10/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,320.00
3.55	Nonpriority creditor's name and mailing address No Knot Necklace Carrier PO Box 332 Allenwood, NJ 08720 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,396.50
3.56	Nonpriority creditor's name and mailing address NRS 1638 S Blaine ST Moscow, ID 83843 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,376.27
3.57	Nonpriority creditor's name and mailing address On Topz 257 Ely Ave, UnitH Norwalk, CT 68854 Date(s) debt was incurred <u>1/20/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.76
3.58	Nonpriority creditor's name and mailing address PAYPAL CREDIT PO BOX 71707 Philadelphia, PA 19176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,043.62

Debtor	Sherman Arulappan LLC Name	Case number (if known) _____
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3.59	Nonpriority creditor's name and mailing address PHONE FLIPPER Phone Flipper 206 Star of India LN Carson, CA 90746 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,902.73
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3.60	Nonpriority creditor's name and mailing address PillowPak 531 US Hwy 22 East Unit 214 Whitehouse Station, NJ 08889 Date(s) debt was incurred <u>9/15/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.18
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3.61	Nonpriority creditor's name and mailing address PLC Lighting PLC Lighting 9667 Owensmouth Ave. CHATSWORTH, CA 91311 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,345.92
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3.62	Nonpriority creditor's name and mailing address Renwil (HD Ecomm) 9181 Boivin Lasalle, QC H8R 2E8 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,639.28
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3.63	Nonpriority creditor's name and mailing address ResourceMFG PO Box 102332 Atlanta, GA 30368-2332 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,149.59
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3.64	Nonpriority creditor's name and mailing address RGR Medical Sdt 11807 Allisonville Rd 137 Fishers, IN 46038 Date(s) debt was incurred <u>8/8/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.55
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3.65	Nonpriority creditor's name and mailing address ROSELLI ROSELLI 237 SOUTH BALDHILL ROAD NEW CAYNAN, CT 06840 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$655.94
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Debtor	Sherman Arulappan LLC Name _____	Case number (if known) _____
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3.66	Nonpriority creditor's name and mailing address S Light A-1104 32 Digital-ro,9 Gll, Geungchum-gu Seoul 08512 Date(s) debt was incurred <u>1/13/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address SATCO PRODUCTS, INC. 31288 SAN BENITO HAYWARD, CA 94544 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,160,813.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address SAVOY HOUSE P.O. BOX 935107 ALTANTA, GA 31193 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$322,737.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address SnapPot Planters 248 Deer Track Lane Rutherfordton, NC 28139 Date(s) debt was incurred <u>1/13/2023</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,871.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address StrapCap LLC 56 Siasconset Dr Sagamore Beach, MA 02562 Date(s) debt was incurred <u>3/3/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,488.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Stress Free Fun LLC Funtries 115 Hollingwood Drive Columbia, SC 21223 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$266.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address Sustainable Resources Group, LLC 132 Veterans Lane Unit A PMB 456 Doylestown, PA 18901 Date(s) debt was incurred <u>2/15/2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$588.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Sherman Arulappan LLC Name _____	Case number (if known) _____
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3.73	Nonpriority creditor's name and mailing address SYNCHRONY BANK/AMAZON PO BOX 71711 Philadelphia, PA 19176 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,010.00
<hr/>			
3.74	Nonpriority creditor's name and mailing address The Ardshon Group Grill Armory 4344 Philips Hwy Jacksonville, FL 32207 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.39
<hr/>			
3.75	Nonpriority creditor's name and mailing address Toltec P.O. Box 325 Burnsville, MS 38833 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,338.76
<hr/>			
3.76	Nonpriority creditor's name and mailing address TOMO CREDIT 535 MISSION ST San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
<hr/>			
3.77	Nonpriority creditor's name and mailing address TUHOME FURNITURE LLC 10660 NW 25th St Suite 103 Doral, FL 33172 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,129.32
<hr/>			
3.78	Nonpriority creditor's name and mailing address White Field Captial LLC 3012 Ainsley Lane Belmont, NC 28012 Date(s) debt was incurred <u>2/16/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$281,000.00
<hr/>			
3.79	Nonpriority creditor's name and mailing address Wishpets 6555 SW 110th CT Beaverton, OR 97008 Date(s) debt was incurred <u>1/7/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,338.90

Debtor **Sherman Arulappan LLC** Case number (if known) _____

Name

3.80 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$538,000.00**

Z- Lite HD
85 South Edgeware Road, Unit #1
St. Thomas,, ON N5P2H7
 Date(s) debt was incurred 1/7/2021
 Last 4 digits of account number _____

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.81 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$65,065.65**

ZIPKORD LLC
Zipkord 3307 Clark Road
Suite 101
Sarasota, FL 34231
 Date(s) debt was incurred 1/7/2021
 Last 4 digits of account number _____

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>9,291.22</u>
5b. +	\$ <u>7,438,955.02</u>
5c.	\$ <u>7,448,246.24</u>

Fill in this information to identify the case:Debtor name Sherman Arulappan LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **COMMERCIAL LEASE**State the term remaining **EXPIRES IN 2028**

List the contract number of any government contract _____

**DMS Properties LLC
1040 Natchez Valley Lane
Franklin, TN 37064**

Fill in this information to identify the case:

Debtor name **Sherman Arulappan LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	AMERICAN EXPRESS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.3 <input type="checkbox"/> G _____
2.2	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	CAPITAL ONE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.10 <input type="checkbox"/> G _____
2.3	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	CAPITAL ONE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.11 <input type="checkbox"/> G _____
2.4	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	CAPITAL ONE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.12 <input type="checkbox"/> G _____
2.5	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	CREDIT ONE BANK	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.16 <input type="checkbox"/> G _____

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **CREDIT ONE BANK** ☐ D _____
☒ E/F **3.17**
☐ G _____

2.7 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **DISCOVER CARD** ☐ D _____
☒ E/F **3.20**
☐ G _____

2.8 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **DISCOVER CARD** ☐ D _____
☒ E/F **3.21**
☐ G _____

2.9 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **DMS Properties LLC** ☐ D _____
☒ E/F **3.22**
☐ G _____

2.10 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **E-commerce Trade LLC** ☐ D _____
☒ E/F **3.25**
☐ G _____

2.11 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **FOUNTAIN HEAD SBF, LLC** ☐ D _____
☒ E/F **3.32**
☐ G _____

2.12 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **Headway Capital** ☐ D _____
☒ E/F **3.36**
☐ G _____

2.13 **MARTINA SHERMAN** **1307 WESTLAWN BLVD, UNIT 313** **Libertas Funding** ☐ D _____
☒ E/F **3.47**
☐ G _____

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	Libertas Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.48</u> <input type="checkbox"/> G _____
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2.15	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	LIBERTAS FUNDING LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____
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2.16	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	PAYPAL CREDIT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____
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2.17	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	SAVOY HOUSE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.68</u> <input type="checkbox"/> G _____
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2.18	MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	TOMO CREDIT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.76</u> <input type="checkbox"/> G _____
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2.19	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	DMS Properties LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
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2.20	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	E-commerce Trade LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
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2.21	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	FOUNTAIN HEAD SBF, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.32</u> <input type="checkbox"/> G _____
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Debtor **Sherman Arulappan LLC**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.22	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	Headway Capital	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.36</u> <input type="checkbox"/> G _____
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2.23	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	Libertas Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.47</u> <input type="checkbox"/> G _____
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2.24	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	Libertas Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.48</u> <input type="checkbox"/> G _____
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2.25	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	LIBERTAS FUNDING LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____
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2.26	RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	CAPITAL ONE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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Fill in this information to identify the case:Debtor name Sherman Arulappan LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2023 to Filing Date

Sources of revenue

Check all that apply

☐ Operating a business

☒ Other **GROSS BUSINESS REVENUE**

Gross revenue

(before deductions and exclusions)

\$668,464.58

For prior year:

From 1/01/2022 to 12/31/2022

☐ Operating a business

☒ Other **GROSS BUSINESS REVENUE**

\$5,102,197.56

For year before that:

From 1/01/2021 to 12/31/2021

☐ Operating a business

☒ Other **GROSS BUSINESS REVENUE**

\$9,533,555.47**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. CAPITAL ONE PO BOX 71087 Charlotte, NC 28272		\$36,766.93	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. AMERICAN EXPRESS PO BOX 6031 Carol Stream, IL 60197		\$26,732.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. DISCOVER CARD PO BOX 6103 Carol Stream, IL 60197		\$12,561.56	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. DMS Properties LLC 1040 Natchez Valley Lane Franklin, TN 37064		\$15,061.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. Humana Insurance Company PO Box 9024 Milwaukee, WI 53201-3024		\$7,418.43	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. RAM KUMAR ARULAPPAN 1501C 9TH AVENUE NORTH Nashville, TN 37208 MEMBER	12/23/2022	\$10,000.00	REPAYMENT OF A LOAN IN DECEMBER. MONEY LOANED ON DECEMBER 1, 2022 & PAID BACK ON DECEMBER 23, 2022

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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Debtor **Sherman Arulappan LLC**

Case number (if known)

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	PROGRESSIVE LIGHTING V. Debtor 1:22-cv-02951-MHC	CIVIL	NORTHERN DISTRICT OF ATLANTA	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Z-LITE US INC. V. Debtor 80846	CIVIL	CIRCUIT COURT OF TN	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	UMBRA LLC V. Debtor 1:23-cv-00345	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

Debtor **Sherman Arulappan LLC**

Case number (if known)

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	LEFKOVITZ & LEFKOVITZ 908 HARPETH VALLEY PLACE NASHVILLE, TN 37221	Attorney Fees - \$5,000 Court Costs - \$338		\$5,338.00
	Email or website address slefkovitz@lefkovitz.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 2231 NW BROAD ST SUITE A Murfreesboro, TN 37128	1/2021 TO 5/2023

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Debtor **Sherman Arulappan LLC**

Case number (if known)

Owner's name and address	Location of the property	Describe the property	Value
Leon Boots CO UNIT 2, DAMASTOWN IND. EST., DAMASTOWN W DAMASTOWN DUBLIN D15 PNN4	651 HEAL QUAKER AVE SUITE G Lewisburg, TN 37091	18 PALLETS OF INVENTORY	\$48,000.00
Owner's name and address	Location of the property	Describe the property	Value
No Knot Necklace Carrier PO Box 332 Allenwood, NJ 08720	651 HEAL QUAKER AVE SUITE G Lewisburg, TN 37091	5 BOXES OF INVENTORY	\$6,000.00
Owner's name and address	Location of the property	Describe the property	Value
Sustainable Resources Group, LLC 132 Veterans Lane Unit A PMB 456 Doylestown, PA 18901	651 HEAL QUAKER AVE SUITE G Lewisburg, TN 37091	6 PALLETS OF INVENTORY	\$8,000.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.**22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
- ☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service
From-To**26a.1. **TRAVIS SHREEVE
1350 WEST 2600S
Woods Cross, UT 84087****IN THE LAST 2
YEARS**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
MARTINA SHERMAN	1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	CEO	50
Name	Address	Position and nature of any interest	% of interest, if any
RAM KUMAR ARULAPPAN	1501C 9TH AVENUE NORTH Nashville, TN 37208	MEMBER	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	MARTINA SHERMAN 1307 WESTLAWN BLVD, UNIT 313 Murfreesboro, TN 37128	SALARY - \$83,000	SEMI-MONTHLY	SALARY FOR WORK AS CEO
	Relationship to debtor CEO			
30.2	RAM KUMAR ARULAPPAN 1501C 9TH AVENUE NORTH Nashville, TN 37208	\$11,028.89	6/30/22 - 9/30/22	WORK PERFORMED FOR BUSINESS
	Relationship to debtor MEMBER & DIRECTOR OF PURCHASING & SALES			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Debtor **Sherman Arulappan LLC**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 30, 2023**

/s/ MARTINA SHERMAN

Signature of individual signing on behalf of the debtor

MARTINA SHERMAN

Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

United States Bankruptcy Court
Middle District of Tennessee

In re **Sherman Arulappan LLC**

Debtor(s)

Case No.

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7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

In addition to providing analysis of the debtor's financial situation, rendering advice, preparation and filing of any petition, statements and schedules, and representation of the debtor at Meeting of Creditors, the fee includes negotiation and preparation of reaffirmation agreements, and discussions with the Chapter 7 Trustee, debtor(s), creditor(s), and parties-in-interest as necessary concerning the case

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Rule 2004 examinations, depositions, interrogatories, or other discovery proceedings;
 Adversary proceedings to determine the dischargeability of debt (11 USC §523);
 Adversary proceedings to deny discharge (11 USC §727); Complaints to avoid lien(s);
 Motions/Complaints after entry of the discharge and/or closing of the case; Amending Schedules D, E, & F after the filing of the bankruptcy case; Other adversarial litigation. Conversion to another Bankruptcy Chapter under the Bankruptcy Code**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 30, 2023

Date

/s/ Steven L. Lefkovitz

Steven L. Lefkovitz 5953

Signature of Attorney

LEFKOVITZ & LEFKOVITZ

908 HARPETH VALLEY PLACE

NASHVILLE, TN 37221

615-256-8300 Fax: 615-255-4516

slefkovitz@lefkovitz.com

Name of law firm

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Sherman Arulappan LLC**

Debtor(s)

Case No.

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7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 30, 2023**

/s/ MARTINA SHERMAN

MARTINA SHERMAN/CEO

Signer/Title

SHERMAN ARULAPPAN LLC
1307 WESTLAWN BLVD, UNIT 313
MURFREESBORO TN 37129

CANTRIO KONCEPTS
215 DRUMLIN CIRCLE
CONCORD, ON L4K 3E4

E-COMMERCE TRADE LLC
5129 WATERMEAD LN
BELMONT NC 28012

STEVEN L. LEFKOVITZ
LEFKOVITZ & LEFKOVITZ
908 HARPETH VALLEY PLACE
NASHVILLE, TN 37221

CAPITAL ONE
PO BOX 71087
CHARLOTTE NC 28272

EMBR LABS, INC
24 ROLAND ST
102
BOSTON MA 02129

AHS LIGHTING
PO BOX 254
LAPAZ IN 46537

COMMERCE HUB
25736 NETWORK PLACE
CHICAGO IL 60673-1257

FED EX GROUND/EXPRESS
P.O. BOX 1140
MEMPHIS TN 38101-1140

ALCHEMADE
6555 SW 110TH CT
BEAVERTON OR 97008

COYOTE LOGISTICS
COYOTE LOGISTICS LLC PO BOX 742636
ATLANTA GA 30374

FERNANDO FERNANDEZ DESIGN
6813 WILD ROSE LN
STOCKTON CA 95206

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197

CREDIT ONE BANK
PO BOX 98873
LAS VEGAS NV 89193

FFSW GLOBAL
795 COMMERCE DR. SUITE 4
VENICE FL 34292

ANP LIGHTING, INC.
9044 DEL MAR AVE.
MONTCLAIR CA 91763

DEERPORT DECOR
661 BREA CANYON ROAD
UNIT 3
WALNUT CA 91789

FOCUS INDUSTRIES, INC.
FOCUS INDUSTRIES, INC.
FILE 50658
LOS ANGELES CA 90074-0658

AT & T
PO BOX 5019
CAROL STREAM IL 60197-5019

DISCOVER CARD
PO BOX 6103
CAROL STREAM IL 60197

FORTE LIGHTING E COMMERCE
14780 BAR HARBOR RD. BLDG A
FONTANA CA 92336

BE ON
6413 CONGRESS AVE
BOCA RATON FL 33487

DMS PROPERTIES LLC
1040 NATCHEZ VALLEY LANE
FRANKLIN TN 37064

FOUNTAIN HEAD SBF, LLC
3216 WEST LAKE MARY BLVD
LAKE MARY FL 32746

BEST QUALITY LIGHTING HD ONLY
4750 CALLE CARGA
CAMARILLO CA 93012

DUANE MORRIS LLP
PO BOX 787166
PHILADELPHIA PA 19178

GALAXY LIGHTING ECOM ONLY
EXCEL LIGHTING & MFG. LTD
13611 MAYCREST WAY
RICHMOND, BC V6V 2J4

CAL LIGHTING
3625 E PHILADELPHIA ST
ONTARIO CA 91761

DVI LIGHTING
120 GREAT GULF DRIVE
CONCORD, ON L4K5W1

GOLFS PAST
305 WEST LOWE AVE,
SUITE 100
FAIRFIELD IA 52556

GRILLING FOIL
7473 WEST LAKEMEAD BLVD
LAS VEGAS NV 89128

LEAN JOE BEAN
11640 MAYFIELD AVE
NO.610
LOS ANGELES CA 90049

NO KNOT NECKLACE CARRIER
PO BOX 332
ALLENWOOD NJ 08720

HEADWAY CAPITAL
175 W. JACKSON BLVD
1000
CHICAGO IL 60604

LEON BOOTS CO
UNIT 2, DAMASTOWN IND. EST., DAMASTOWN PA
DAMASTOWN
DUBLIN D15 PNN4

NRS
1638 S BLAINE ST
MOSCOW ID 83843

HELPING HAND
2104 BAXTER CT
FLORENCE SC 29505

LIBERTAS FUNDING
411 PUTNAM AVE
SUITE 220
GREENWHICH CT 06830

ON TOPZ
257 ELY AVE, UNITH
NORWALK CT 68854

HUMANA INSURANCE COMPANY
PO BOX 9024
MILWAUKEE WI 53201-3024

LIBERTAS FUNDING LLC
411 W PUTNAM AVE
SUITE 220
GREENWICH CT 06830

PAYPAL CREDIT
PO BOX 71707
PHILADELPHIA PA 19176

IMAX CORPORATION
PO BOX 472188
TULSA OK 74147

LIGHTSCAPE DECORATIVE LIGHTING LLC
27 GREEN ACRES RD.
WASHINGTON IN 47501

PHONE FLIPPER
PHONE FLIPPER 206 STAR OF INLN
CARSON CA 90746

INSHIELD WIPER, LLC
PO BOX 235523
ENCINITAS CA 92023

MAGIC BRUSH
UNIT 2 DAMASTOWN WALK
DUBLIN D15 PNN4

PILLOWPAK
531 US HWY 22 EAST
UNIT 214
WHITEHOUSE STATION NJ 08889

IVAULT
PO BOX 1073
STOCKBRIDGE GA 30281

MARTINA SHERMAN
1307 WESTLAWN BLVD, UNIT 313
MURFREESBORO TN 37128

PLC LIGHTING
PLC LIGHTING 9667 OWENSMOUTH
CHATSWORTH CA 91311

JELLY JAR GENIUS, LLC
78365 HWY 111 SUITE 297
LA QUINTA CA 92253

MAXIMM CABLE
135 ROUTE 59
SPRING VALLEY NY 10977

RAM KUMAR ARULAPPAN
1501C 9TH AVENUE NORTH
NASHVILLE TN 37208

JUSTICE DESIGN GROUP
JUSTICE DESIGN 500 S. GRAND AVENUE
LOS ANGELES CA 90072

NANOTECH SURFACE SOLUTIONS
1101 CAMERON RD. STE. 309
AUSTIN TX 78752

RENWIL (HD ECOMM)
9181 BOIVIN
LASALLE, QC H8R 2E8

KENDALL LIGHTING
110 6780 DENNETT PLACE
DELTA, BC V4G1N4

NATO SPORTY LLC
3945 GREENBRIAR DR.
#A7
STAFFORD TX 77477

RESOURCEMFG
PO BOX 102332
ATLANTA GA 30368-2332

RGR MEDICAL SDT
11807 ALLISONVILLE RD
137
FISHERS IN 46038

TENNESSEE DEPARTMENT OF REVENUE
500 DEADERICK STREET
ANDREW JACKSON STATE OFFICE BUILDING
NASHVILLE TN 37242

ROSELLI
ROSELLI 237 SOUTH BALDHILL ROAD
NEW CAYNAN CT 06840

THE ARDSHON GROUP GRILL ARMORY
4344 PHILIPS HWY
JACKSONVILLE FL 32207

S LIGHT
A-1104
32 DIGITAL-RO,9 GIL, GEUNGCHUM-GU
SEOUL 08512

TOLTEC
P.O. BOX 325
BURNSVILLE MS 38833

SATCO PRODUCTS, INC.
31288 SAN BENITO
HAYWARD CA 94544

TOMO CREDIT
535 MISSION ST
SAN FRANCISCO CA 94105

SAVOY HOUSE
P.O. BOX 935107
ALTANTA GA 31193

TUHOME FURNITURE LLC
10660 NW 25TH ST
SUITE 103
DORAL FL 33172

SNAPPOT PLANTERS
248 DEER TRACK LANE
RUTHERFORDTON NC 28139

WHITE FIELD CAPTIAL LLC
3012 AINSLEY LANE
BELMONT NC 28012

STRAPCAP LLC
56 SIASCONSET DR
SAGAMORE BEACH MA 02562

WISHPETS
6555 SW 110TH CT
BEAVERTON OR 97008

STRESS FREE FUN LLC FUUTIES
115 HOLLINGWOOD DRIVE
COLUMBIA SC 21223

Z- LITE HD
85 SOUTH EDGEWARE ROAD, UNIT #1
ST. THOMAS,, ON N5P2H7

SUSTAINABLE RESOURCES GROUP, LLZIPKORD LLC
132 VETERANS LANE UNIT A
PMB 456
DOYLESTOWN PA 18901

ZIPKORD LLC
ZIPKORD 3307 CLARK ROAD
SUITE 101
SARASOTA FL 34231

SYNCHRONY BANK/AMAZON
PO BOX 71711
PHILADELPHIA PA 19176

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Sherman Arulappan LLC**

Debtor(s)

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Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Sherman Arulappan LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

June 30, 2023

Date

/s/ Steven L. Lefkovitz**Steven L. Lefkovitz 5953**

Signature of Attorney or Litigant

Counsel for **Sherman Arulappan LLC****LEFKOVITZ & LEFKOVITZ****908 HARPETH VALLEY PLACE****NASHVILLE, TN 37221****615-256-8300 Fax: 615-255-4516****slefkovitz@lefkovitz.com**